

## CALCULATIONS REQUEST FORM

Please provide the following information and return to: [calcs@flex.com](mailto:calcs@flex.com) (Highlighted fields are required at a minimum)

### ROOM DIMENSIONS <sup>1,2</sup>

Length:	
Width:	
Ceiling Height:	
Work Plane:	

### EXISTING FIXTURE (if applicable)

Fixture Type:	
Lamp Type:	
Lamp Quantity:	
Lamp Wattage:	

### WHAT COLOR IS THE CEILING/WALL/FLOOR (REFLECTANCES)? <sup>3</sup>

Ceiling:	
Walls:	
Floor:	

### FIXTURE MOUNTING

Height:	
Spacing (if known):	
Stack Height:	

### SPACE USE

Application Type? Tasks in Space?	
Goal Illumination (if known) <sup>4</sup> ?	
Existing Light Levels (if known):	
Can the fixture spacing be changed?	
Is this a wet, dry or damp location?	
Is space conditioned? Ambient Temperature?	

### OTHER USEFUL INFORMATION

Sequence of Operation - occ sensors, etc?	
Site Operating Hours:	
Target or Max Energy Consumption Goal:	
Large equipment that would obstruct light?	
Color Temperature Desired:	
Special Considerations:	

Notes :

- Note unit of measure (feet or meters).
- For non rectangular rooms, provide a .pdf sketch or AutoCAD Plan
- If possible, provide photograph of space.
- If unknown, recommended practices from Illuminating Engineering Society (IES) will be used.